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ABSTRACT

The information digest on emotional disturbances provides basic information on definition, incidence, patterns of behavior, and educational implications as well as suggested additional resources. The definition of "emotional disturbances" in P.L. 94-142, The Education for All Handicapped Children Act, is given and briefly discussed. Incidence figures (2-3%) are given. Typical patterns of disordered behavior include "externalizers," "internalizers," conduct disorders, personality disorders, immaturity, socialized delinquency, pervasive developmental disorders, and learning disorders. Educational implications both in the mainstream and special classes are briefly considered. Additional resources are organized into resources for parents (three), general resources (seven references), additional resources (six organizations), and relevant publications of the Council for Exceptional Children. (DB)

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EMOTIONAL DISTURBANCES

How Are "Emotional Disturbances" Defined?

Emotional and behavioral disturbances represent significant behavioral excesses or deficits. Many labels are used to denote deviant behavior, including emotionally handicapped or disturbed, behaviorally disordered, socially maladjusted, delinquent, mentally ill, psychotic, and schizophrenic. Each of these terms refers to patterns of behavior that depart significantly from the expectations of others. In recent years, "behavioral disorders" has gained favor over "emotional disturbance" as a more accurate label leading to more objective decision making and fewer negative connotations.

Public Law 94-142 defines serious emotional disturbance (SED) as "a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:

- An inability to learn which cannot be explained by intellectual, sensory, or health factors.
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- Inappropriate types of behavior or feelings under normal circumstances.
- A general pervasive mood of unhappiness or depression.
- A tendency to develop physical symptoms or fears associated with personal or school problems." (*U.S. Federal Register, 42*, August 23, 1977, pp. 42478-42479)

The federal definition includes children who are diagnosed as schizophrenic, but excludes socially maladjusted children, "unless it is determined that they are seriously emotionally disturbed." Although autism was formerly included under the SED designation, in 1981 it was transferred to the category of "other health impaired."

In *A Study of Child Variance*, Rhodes and Tracy (1974) identified several conceptual models for understanding emotional and behavioral disorders. Biophysical, psychoanalytical, behavioral, sociological, and ecological models offer different theoretical perspectives on the nature and causes of behavioral deviance.

How Many Children Are Emotionally Disturbed?

Estimates of the number of school-age children and adolescents with emotional/behavioral disorders depend on the definitions and criteria that are used. At some point in their lives, most individuals exhibit behavior that others consider excessive or inappropriate for the circumstances. Thus, frequency, intensity, duration, and context must be considered in making judgments of disturbance. Unlike some other educational disabilities, emotional and behavioral disorders are not necessarily lifelong conditions.

Although teachers typically consider 10%-20% of their students as having emotional or behavioral problems, a conservative estimate of the number whose problems are both severe and chronic is 2%-3% of the school-age population. Currently, less than one-half that number are formally identified and receive special education services.

What Are Typical Patterns of Disordered Behavior?

There is considerable agreement about general patterns or types of disordered behavior. Achenbach (1982) suggests two discrete patterns which he calls "externalizers" (aggressive, disruptive, acting out) and "internalizers" (withdrawn, anxious, depressed). Quay (1972) identified the following four dimensions: *conduct disorders* (aggression, disobedience, irritability); *personality disorders* (withdrawal, anxiety, physical complaints; *immaturity* (passivity, poor coping, preference for younger playmates); and *socialized delinquency* (involvement in gang subcultures).

In addition to *conduct disorders* and *personality problems*, Rizzo and Zabel (1988) discuss *pervasive developmental disorders* (including autism and childhood schizophrenia) and *learning disorders* (including attention deficit disorders with hyperactivity). Not all behaviorally disordered students experience academic difficulties, but the two factors are often associated.

What Are the Educational Implications?

Educational interventions should match the established needs of students with behavioral disorders. Multidisciplinary educational teams, including parents, must design programs to meet the individual behavioral and academic needs of identified SED students. Most students can benefit from supportive treatments provided in regular programs. For others, at least temporary placements in special classrooms, schools, or institutional programs may be appropriate.

Special programs usually attempt to provide a "therapeutic milieu," a structured environment where students experience a high degree of success, where rules and routines are predictable, and students are consistently rewarded for appropriate behavior. Behavior management techniques, such as positive reinforcement, token economies, contracting, and timeout, which rely on direct measurement and monitoring of behavioral change, are commonly used in SED programs. The assessment and systematic teaching of social skills through modeling, discussion, and rehearsal are frequently used to help students increase control over their behavior and improve their relations with others. In addition, supportive therapies involving music, art, exercise, and relaxation techniques, as well as affective education, individual, and group counseling are sometimes employed to improve self-understanding, self-esteem, and self-control.

RESOURCES FOR PARENTS

Gordon, T. (1970). *Parent effectiveness training.* New York: Wyden.

Kelker, K. A. (1987). *Taking charge: A handbook for parents whose children have emotional handicaps.* Portland, OR: Regional Research Institute for Human Services, Portland State University. (503) 464-0751.

Patterson, G. R. *Living with children: New methods for parents and teachers,* (rev. ed.). Champaign, IL: Research Press.

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GENERAL RESOURCES

Achenbach, T. M. (1982). *Developmental psychopathology.* New York: John Wiley & Sons.

Coleman, M. C. (1986). *Behavior disorders: Theory and practice.* Englewood Cliffs, NJ: Prentice-Hall.

Kauffman, J. M. (1985). *Characteristics of children's behavior disorders,* 3rd ed. Columbus, OH: Charles E. Merrill.

Quay, H. C. (1972). Patterns of aggression, withdrawal, and immaturity. In H. C. Quay & J. S. Werry (Eds.), *Psychopathological disorders of childhood.* New York: John Wiley and Sons.

Rhodes, W. C., & Tracy, M. L. (1974). *A study of child variance* (3 vols.). Ann Arbor, MI: The University of Michigan Press.

Rizzo, J. R., & Zabel, R. H. (1988). *Educating children and adolescents with behavioral disorders: An integrative approach.* Boston: Allyn & Bacon.

Wang, M. C., Reynolds, M. C., & Walberg, H. J. (1988). *The handbook of special education: Research and practice,* (Vol. 2). Oxford, England: Pergamon Press (Includes chapters synthesizing research on emotional-behavioral disorders.)

ADDITIONAL RESOURCES

American Orthopsychiatric Association
19 W. 44th St.
New York, NY 10036

American Psychiatric Association
1700 16th St., NW
Washington, DC 20009

American Psychological Association
1200 17th St., NW
Washington, DC 20036

Council for Children with Behavioral Disorders
The Council for Exceptional Children
1920 Association Dr.
Reston, VA 22091

National Institute of Mental Health
5600 Fishers Lane
Rockville, MD 20857

National Society for Autistic Children
1234 Massachusetts Ave., NW, Suite 1017
Washington, DC 20005

WANT MORE INFORMATION?

Available through membership in CEC/Council for Children with Behavioral Disorders:

Quarterly journal—*Behavioral Disorders,* newsletter, and two monograph series, *Severe Behavioral Disorders of Children and Youth,* and *Programming for Adolescents with Behavioral Disorders.*

CEC Publications

Alternative Programs for Disruptive Youth, No. 239, 1982.

Children on Medication, Vol. II: Epilepsy, Emotional Disturbance, and Adolescent Disorders. Kenneth D. Gadow, No. 310, 1986.

Disturbing, Disordered, or Disturbed? Perspectives on the Definition of Problem Behavior in Educational Settings. F. H. Wood & K. C. Lakin, No. 238, 1982.

Disruptive Youth in School. J. B. Jordan, D. A. Sabatino, & R. Sarri (Eds.), No. 202, 1980.

Understanding Child Variance. W. C. Morse & J. M. Smith, No. 200, 1980.

Computer Search Reprints—annotated bibliographies drawn from ERIC and ECER databases, on topics such as *Educating Emotionally Disturbed Children and Youth* (No. 564, 4/88) and custom computer searches of the ERIC/ECER databases on your specific topic.

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